



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

KSF ORTHOPAEDIC CENTER PA
17270 REDOAK DRIVE SUITE 200
HOUSTON TEXAS 77090

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

CHUBB INDEMNITY COMPANY

Carrier's Austin Representative Box

Box Number 17

MFDR Tracking Number

M4-12-1848-01

MFDR Date Received

January 30, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Nicole Collier, PTA is licensed but she is not eligible for a Medicare provider number or an NPI number therefore we must bill under licensed therapist Angela Dailey, LPT or Alicia Walker, LPT since DWC requires NPI number in box 24 J when billing on 1500 HCFA form."

Amount in Dispute: \$1,905.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The physical therapy treatment in dispute in this matter were performed by two different providers: Nicole Collier, PTA and Andy Gromek, PTA. However, neither of these billed for the treatment. All bills were submitted by Angela Dailey, LPT, but she did not perform any of the treatment. DWC Rule 133.20 (d) (2) states that a health care provider that provided the treatment shall submit its own bill unless the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider."

Response Submitted by: Downs-Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2011, June 15, 2011, June 17, 2011, June 20, 2011, June 24, 2011, June 28, 2011, June 30, 2011, July 1, 2011 and July 8, 2011	97110 and 97150	\$1,905.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 Explanation of benefits dated August 24, 2011
 - B20 – Srvc partially/fully furnished by another provider
 Explanation of benefits dated October 13, 2011
 - 193 – Original payment decision maintained
 - B20 – Srvc partially/fully furnished by another provider

Issues

1. Did the requestor submit the medical bills in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor include copies of pertinent medical records for disputed date of service, June 17, 2011?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Labor Code §401.011, titled, *General Definitions*, states in pertinent part. "In this subtitle... (21) "Health care practitioner" means: (A) an individual who is licensed to provide or render and provides or renders health care; or (B) a nonlicensed individual who provides or renders health care under the direction or supervision of a doctor.
2. 28 Texas Administrative Code §133.20, titled, *Medical Bill Submission by Healthcare Provider*, states in pertinent part, (e)(2) states in pertinent part "(e) A medical bill must be submitted: 2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care..."
 - Review of the CMS-1500's for dates of service June 13, 2011, June 15, 2011, June 17, 2011, June 20, 2011, June 28, 2011, June 30, 2011, July 1, 2011 and July 8, 2011 documents in box 31, that Angela Dailey, LPT billed for the disputed services.
 - Review of the "Physical Therapy: Daily Prog Note" documents that for dates of service June 15, 2011, June 20, 2011, June 28, 2011, June 30, 2011, July 1, 2011 and July 8, 2011 Nicole Collier, PTA rendered the physical therapy services.
 - Review of the "Physical Therapy: Daily Prog Note" documents that for date of service, June 13, 2011, Andy Gromek, PTA rendered the physical therapy services.
 - Review of the CMS -1500 for date of service June 24, 2011 documents in box 31 that Alicia D. Walker, LPT billed for the disputed services.
 - Review of the "Physical Therapy: Daily Prog Note" documents that for date of service June 24, 2011, Angela Dailey, LPT rendered the physical therapy services.
 - The requestor did not meet the billing requirements of 28 Texas Administrative Code §133.20. As a result reimbursement cannot be recommended.
3. 28 Texas Administrative Code §133.307 titled, *"MDR of Fee Disputes"* states in pertinent part, "(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute."
 - The requestor did not submit a copy of the medical records for date of service June 17, 2011. As a result reimbursement cannot be recommended for this date of service.
4. For the reason stated above, the requestor is not entitled to reimbursement of the disputed charges rendered on June 13, 2011, June 15, 2011, June 17, 2011, June 20, 2011, June 24, 2011, June 28, 2011, June 30, 2011, July 1, 2011 and July 8, 2011.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	_____ May 24, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.